

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 NOV -3 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009897

**1. Corporation Name**

THE NATURAL MEDICINE FOUNDATION, INC

**REINSTATEMENT**

CR2E081 (8/05)

**2. Principal Office Address**

3808 N. TAMiami TR

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, F

City & State

Zip

34234

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03.01.05

**5. FEI Number**

27-0124822

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$5.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Cynthia O'Donnell

Street Address (P.O. Box Number is Not Acceptable)

2330 Mietaw Dr.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Cynthia O'Donnell

Date

10/18/05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Cynthia O'Donnell	2330 Mietaw Dr	Sarasota, FL 34239

000061140030

11/03/05 01042-021 \*\*175.00

5/3/05 90160 019 70.00

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

Cynthia O'Donnell

president 10/18/05

Date

Daytime Phone #

941-355-9080

11/4 02